

Community Partnership Mini-Grant

Application Form



Date: \_\_\_\_\_

Group or Individual Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project begin date: \_\_\_\_\_ Project end date: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Brief descripton of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Amount requested (*Should not exceed \$500.00*): \_\_\_\_\_

Total project amount: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Dean

# Community Partnership Mini-Grant

## Narrative



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Please supply information pertaining to the categories below. You may use this sheet or attach separate pages. We request that you limit your narrative responses to a maximum of two (2) pages in total.

- Describe your groups/individual mission. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How will the requested funds be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Describe the recipients or beneficiaries of this project. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Provide the anticipated impact of this project. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If there are additional funders, who are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please submit a detailed budget. A separate budget page may be attached. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have questions or require further assistance please contact:

Stephanie Moran  
Office of Community Engagement  
765-641-3714  
smmoran@anderson.edu

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